

Glen Mar UMC Child Protection QUESTIONNAIRE 2008-2009

**On Sexual Misconduct for Lay Persons and Unappointed Clergy who work with Children and Youth
(Please check the appropriate box. If more space is needed, please use an additional sheet of paper.)**

1. Yes No Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth?
2. Yes No Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult?
3. Yes No Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?
4. Yes No Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?

If your response to any of the foregoing questions (1 through 4) is "yes", please provide on a separate sheet of paper all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct.

- 5a. Yes No Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g., indictment, arrest, trial, etc.)? If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings) on a separate sheet of paper.
- 5b. Yes No Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion?
6. Yes No Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?

Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and adults.

PLEASE PROVIDE COMPLETE INFORMATION AS EVERY REFERENCE WILL RECEIVE A FORM TO COMPLETE.

Name

Address

Phone

(over)

Glen Mar UMC Child Protection QUESTIONNAIRE RESPONSE FORM

(To be signed by all laypersons and unappointed clergy who work with children or youth within the local church or a Conference agency. If under 18, a parent or guardian must also sign.)

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered.

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize **Glen Mar United Methodist Church** and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on this Questionnaire and/or obtaining other information which may be material to my qualifications to work with youth and/or children at Glen Mar United Methodist Church.

I release **Glen Mar United Methodist Church** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

If under 18 - Parent or Legal Guardian: _____

Address: _____

How long at this address: _____

Telephone: _____

Email: _____

Date of Birth: _____

If above is less than 5 years please provide previous addresses for at least last 5 years

Address: _____

How long at this address: _____

Participant Signature

Date

Parent or Guardian Signature (if above is not 18 years old)

Date